ARMY NURSE CORPS NEWSLETTER

"Ready, Caring, and Proud"

Volume 01 Issue 10 *July 2001*

Message from the Assistant Chief

Over the past year everyone has been working very hard with the Civilian Personnel System in trying to fill the many civilian nurse vacancies in the Medical Command and retaining our mid-grade officers. Compounding your problems has been the continued nursing shortage and attractive compensation packages in the civilian sector. On 27 June, the Army Nurse Corps was invited to participate in testimony before the Senate Subcommittee on Oversight of Government Management about the national nursing shortage. Panel members included representatives from the Center for Medicare and Medicaid Services, the U.S. Department of Health and Human Services, the Uniformed Services, the U.S. General Accounting Office, the Illinois Nurses Association, the American Hospital Association, the Professional Staff Nurses Association, and the National Veterans Affairs Council for the American Foundation of Government Employees. Rear Admiral Kathleen Martin, Director of the Navy Nurse Corps, spoke on behalf of all the Uniformed Services.

Panelists testified about the state of the nursing shortage. They recognized that there is an ever-increasing aging population (baby boomers); however, there has been a five-year history of decreased enrollment of nursing students in our universities. This increased demand for nursing care, coupled with a continued decrease in supply, will continue to be strong factors affecting the nursing shortage. All agreed that lack of definitive action today would result in critical shortfalls over the next decade. Nursing organizations cited that the reasons nurses are leaving the workforce, or discouraging others to pursue the nursing profession, are job dissatisfaction, lack of respect and autonomy in the work environment, "flat" pay since 1990, and the burden of cumbersome paperwork and documentation.

RADM Martin's testimony focused on the impact of the nurse shortage on civilian as well as military nurses. She stated that low pay, insufficient benefits, and cumbersome hiring practices were major barriers in competing with the civilian workforce in nurse recruitment. She highlighted our concerns, that it takes more than 93 days to hire a civilian nurse through our current CPO system, compared to as little as two weeks in the civilian market. RADM Martin noted that the greatest challenge for the military is retaining our mid-grade officers and recruiting nurses with 1 to 5 years of experience. Due to the civilian shortages of specialty nurses and the military's shortfalls in such specialties as OB-GYN, critical care, and peri-operative nursing, RADM Martin said additional retention bonuses are necessary to assure we meet our mission.

Senator Durbin, Committee Chairman, was very interested in learning about the shortcomings of the CPO system. He asked for more specific information on the problems the uniformed services are having filling vacancies and the differences between Title 5 and Title 38, as they relate to hiring practices.

Panel members openly discussed how to recruit and retain the "best qualified" nursing personnel through accession bonuses, specialty pay, generalist pay, retention bonuses, increased scholarships and loan repayment. A number of systemic changes and legislative actions are pending such as the Nurse Reinvestment Act, spouse and children's use of the GI Bill for nursing studies, and use of unused sick leave for retirement calculations. Members felt all these actions could positively influence nurse recruitment.

It was most gratifying that this committee's first hearing was to address this important issue. I believe that such a national emphasis on recruiting and retaining nurses will lend great credence to our argument for significant changes to the CPO system and compensation issues for all military nurses. BG Bester and I will continue to push for prompt action at all levels.

We both appreciate and encourage you all to continue your efforts. It is our hope that we can create a responsive system that will maintain our strength and stop this cyclical shortfall every decade.

Deborah A. Gustke
Colonel, AN
Assistant Chief, Army Nurse Corps

Office of the Chief, Army Nurse Corps

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AN Web Site:
www.armymedicine.army.mil/otsg/nurse/index.htm
ANC Branch PERSCOM:
www.perscom.army.mil/ophsdan/default.htm

Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail to CPT Feider. The deadline for all submissions is the last week of the month prior to the month you want the item published. We reserve the right to edit and review any item submitted for publication. All officers are eligible to submit items for publication.

PERSCOM

AN BRANCH PERSONNEL E-MAIL ADDRESSES

Please note that our e-mail addresses are still not linked up to the MEDCOM e-mail address list. We are getting numerous calls from the field about "undeliverable" messages when they try to send us e-mail messages. Our e-mail addresses are as follows:

COL Feeney-Jones:	feeneys@hoffman.army.mil	MAJ Krapohl:	krapoh1g@hoffman.army.mil
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MAJ Merna:	mernac@hoffman.army.mil	Ms. Walton:	waltonj@hoffman.army.mil

We would like to extend a hearty welcome to our two new additions to the AN Branch, PERSCOM.

MAJ Gary Lang is the new Education Management Officer (EMO) for the AN Branch. He is taking MAJ(P) Steve Grime's place. Prior to coming to AN Branch, Major Lang was in LTHET at George Mason University where he obtained a Master of Science in Nursing degree with a program of study in Nursing Administration. MAJ(P) Steve Grimes has PCS'd to Fort Meade where he is working as the Assistant Chief Nurse. A special thanks to MAJ(P) Grimes for all of the wonderful work he has done for our officers applying for and currently in LTHET. He brought a wealth of information to the Branch. We thank him for all of his wonderful insight and wish him well!

MAJ Greta Krapohl will be replacing MAJ Christine Merna managing 66H captains and all company grade 66H8As and 66HM5s. MAJ Krapohl will take full responsibility for the captain's desk on 30 July 2001. MAJ Krapohl is PCSing from Womack Army Medical Center, Fort Bragg where she served as the head nurse of the ICU. MAJ Merna will be going to the Healthcare Finance Administration TWI Fellowship. We know she will continue to do great things for the Army Nurse Corps as she moves into her fellowship and then her utilization tour. Thank you and enjoy your fellowship!

Personnel Rosters and PCSs

All Chief Nurses should have received their unit's personnel roster (see e-mail titled Station Count) and the Winter 2002 PCS vulnerable roster. AN Branch requests that every Chief Nurse review the Unit Personnel Roster which is our projection as of 30 September 2001. All officers PCSing out of your unit prior to 30 September should not be listed and all officers who will PCS into your unit prior to or on 30 September should be listed. If you find discrepancies, please e-mail those discrepancies back to us (also e-mail us if it is 100% correct). We are making every effort to be 100% accountable for each and every AN officer.
AN Branch also requests that all Chief Nurses review their Winter 2002 PCS Vulnerable Rosters. This roster contains the names of all officers considered PCS vulnerable. This does not mean that they must absolutely PCS. AN Branch needs to know each officer's preferences so far as PCSing this winter cycle (October 2001 through March 2002). Please let us know if an officer wants to stay longer and if he/she wants to stay longer, then why.
AN Branch requests that this information be returned to us NLT 9 July 2001.

DO WE HAVE A DEAL FOR YOU

The Korea mission remains a yearly opportunity for officers of all ranks to experience the TO&E and TDA health care environment plus fulfill a one year overseas tour. Branch will be looking for officers for the FY02 assignment cycle; be proactive and reserve an assignment in the "Land of the Morning Calm". Contact your career manager and find out what is available within your specialty area of nursing.

AWARDS PROGRAMS

The Ten Outstanding Young Americans Award Program 2002. This award is given by the United States Junior Chambers of Commerce. The purpose of this program is to focus public attention on the accomplishments of the nation's young men and women and to illustrate the opportunities for young men and women in a free society through the free enterprise system. Nominees must be between the ages of 21 and 39 and native born or a naturalized citizen of the United States. Winners are selected on the basis of achievements in three of the following areas: personal improvement, financial success and economic innovation; social improvement to major contemporary problems, philanthropic contributions or voluntary service; politics or governmental service; scientific or technological contributions; legal reform; cultural achievement; academic leadership; moral and religious leadership; success in the influence of public opinion; and other important contributions to community, state or nation. For additional information contact COL Feeney-Jones at 703-325-2330.

LTHET guidelines are on the Army Nurse Corps Web Site. Please take time to read and understand the graduate/doctoral school requirements. Note the new requirement for LTHET applicants: The change concerns those officers in a USAR status who are unable

to complete the required ADSO prior to their 20-year retirement. Officers who find themselves in this category must apply and accept RA status prior to the start of school. An officer can apply to the LTHET Board and be selected pending application and acceptance of RA. Applicants who fail to meet the RA requirement or do not apply for and accept RA cannot meet their ADSO obligation prior to mandatory retirement, and will therefore eliminate themselves as a candidate for school. Please call MAJ Lang for clarification or additional information regarding this policy.

Upcoming FY 01 and FY 02 Boards

10-20 Jul 01	COL AMEDD & RA Selection
10-27 Jul 01	Command & General Staff College
02-12 Oct 01	MAJ AMEDD
27 Nov-07 Dec 01	LTC AMEDD Command
05-14 Dec 01	COL AMEDD Command
12-22 Feb 02	LTC AMEDD
05-15 Mar 02	CPT AMEDD & VI
14-21 May 02	MG/BG AMEDD
04-21 Jun 02	Senior Service College
09-19 Jul 02	COL AMEDD & RA Selection
09-26 Jul 02	Command & General Staff College

See PERSCOM Online (www.perscom.army.mil) for MILPER messages and more board information.

FY01 AMEDD Colonel Promotion Board (MILPER Message # 01-114)
Convene and Recess Dates: 10 July 2001
Zones of Consideration:
LTC DOR: Above the Zone: 01 Jul 96 and Earlier
Primary Zone: 02 Jul 96 thru 01 Oct 97
Below the Zone: 02 Oct 97 thru 01 Sep 98
OERs to PERSCOM: due NLT 03 July 2001
Required “Thru Date” for Promotion Reports (Code 11) is 04 May 2001
Required "Thru Date" for Code 21 Complete the Record OERs: 04 May 2001 (BZ eligible officers are not eligible for “Complete the Record” OER)
Letters to the President of the Board: due NLT 10 July 2001
POC is CPT Bob Gahol, AN Branch, PERSCOM, DSN 221-8124 / (703) 325-8124 or gaholp@hoffman.army.mil

FY01 Command and Staff College (CSC) Selection Board (MILPER Message # 01-119)
Convene and Recess Dates: 10 - 27 July 2001
OERs to PERSCOM: due NLT 03 July 2001
Required "Thru Date" for Code 21 Complete the Record OERs: 04 May 2001
Letters to the President of the Board: due NLT 10 July 2001

FY01 AMEDD Regular Army (RA) Selection Board (MILPER Message # 01-110)
Convene: On or about 19 July 2001
Application Forms must be dated no earlier than 08 Mar 01 and NLT 08 Jun 01
OERs to PERSCOM: due NLT 03 July 2001. “Thru Date” for RA Appointment Reports will be the date of application
Complete the Record OER is not authorized.
POC for RA Applications is Ms. Norris, DSN 221-3759 / (703) 325-3759

Details of the Board MILPER Messages are now available online. To access the messages, go to PERSCOM online (www.perscom.army.mil), double click “Hot Topics”, then select MILPER Messages.

Army Nurse Corps Branch Web Page

The following information is available through the Army Nurse Corps Branch Web Page: LTHET Guidelines, the Army Nurse Corps Lifecycle Model, White House, Congressional and Training With Industry (TWI) Fellowships and other important 'personnel' types of information. You may access our web page through PERSCOM ON LINE, through the Army Nurse Corps Homepage or through direct access. The direct address for our web page is: www.perscom.army.mil/ophsdan/default.htm AN Branch Web Page.

Correct Address on Your ORB

As frequently mentioned in this newsletter and during AN Branch briefings, officers are again reminded of the critical importance of updating your home address on your ORB. The Army and Army Nurse Corps Branch send critically important information to our officers. Recently, we sent letters to all officers in the zone of consideration for promotion to LTC. The officers who do not have

correct addresses on the ORB will not receive these letters. Please take a moment to stop by your PAC/PSB and ensure you have updated your address.

E-mail addresses may now be included in the ORB. Please provide only appropriate e-mail addresses in your record.

9A Proficiency Designator Selection Board

The FY 01 Army Nurse Corps "A" Proficiency Designator Selection Board will meet in late August 2001. Qualified officers should apply in accordance with the information paper located on the Branch, PERSCOM web page at **www.perscom.army.mil.ophsdan/default/htm**. Hard copy LOI will not be sent to the field.

The 9A Proficiency Designator is awarded to few senior Army Nurse Corps officers and is a testament to the officer's status as an expert Army nurse and leader in nursing. Nominations MUST arrive at AN Branch, PERSCOM by 20 July 2001. Point of contact is MAJ Gary Lang at 703-325-2397/3693 / DSN 221-2397 or email at **langg@hoffman.army.mil**

LTHET Guidelines

The LTHET Selection Board for 2002 convenes July 2001. The 2002 LTHET Guidelines for MSN/Ph.D., Baylor and Anesthesia Nursing may be found on the AN Branch, PERSCOM web site at the following addresses:

Anesthesia: www.perscom.army.mil/ophsdan/defaultanesth.htm
Baylor HCA: www.perscom.army.mil/ophsdan/defaultbaylor.htm
MSN/Ph.D.: www.perscom.army.mil/ophsdan/defaultmsn.htm

If the 2001 instead of 2002 LTHET Guidelines pull up, try the following:

Click on -- "Tools" -- "Internet Options" -- "Delete" -- exit from guidelines, then re-enter to find 2002 LTHET Guidelines. If this fails, contact your local IMO for assistance.

For questions related to the LTHET process, contact your local Hospital Education Chief or the Education Management Officer at AN Branch, PERSCOM, MAJ Gary Lang at 703-325-2397 / 3693, DSN 221-2397.

LTHET TUITION CAP ESTABLISHED FOR 2002 SCHOOL STARTS

Officers selected for long term civilian training beginning in the fall of 2002 from the LTHET Selection Board that meets in July 2001 fall under a newly established semester/quarter tuition cap:

Per semester	$3,000
Per quarter	$2,250

Officers must pay directly to the school any tuition or associated costs in excess of the tuition cap.

Transcript Updates

Officers should have the college or university forward transcripts directly to the AN Branch address listed below:

COMMANDER, PERSCOM
TAPC-OPH-AN, ROOM 9N47 (MAJ Lang)
200 STOVALL STREET
ALEXANDRIA, VA 22332-0417

AN Branch Courses

MAJ Gary Lang manages seating for the following courses with registration coming through the Chief Nurse (CN) or Hospital Education Chief's office.

6F-F3	****AMEDD Head Nurse Leader Development Course** (HNLDC) Seat allocations limited. (next available course is 12 – 24 Aug 01) Each Regional Chief Nurse submits names to AN Branch for the HNLDC
6F-F2	**AMEDD Advanced Nurse Leadership Course** (ANLC) (SA, TX) (All courses **CANCELLED** through end of fiscal year)
6A-C4	**Combat Casualty Course** (C4) (FSH, TX) There is a waiting list for the (13 – 21 Sep 01) course. CN or Hospital Education Chief may register officers by email with name/rank/SSN
6A-C4A	**Joint Operations Medical Managers Course (C4)** (FSH, TX) (Next available course 26 Oct – 02 Nov 01 has openings)

CN or Hospital Education Chief may register officers by email with name/rank/SSN

6H-F26 **Med Defense Against Biological/Warfare & Infectious Disease (Ft Detrick)**
14 – 17 September 01

Medical Management of Chemical Casualties (USAMRICS, MD)
18 – 21 September 01

* The Medical Management of Chemical Casualties Course is held as a follow-on course to the Medical Defense Against Biological/Warfare & Infectious Disease Course. Inclusive course dates are 14 – 21 September 01.

** DA 3838 required NLT 45 before the start of the course

DNWS-R004 **Emergency Hazards Response Course (formerly Radiological Hazards Training Course)** (Kirkland AFB, NM)

Class #	Report Date	Start Date	End Date	Seats per class
002	16 Sep 01	17 Sep 01	21 Sep 01	7

DA 3838 is necessary to request this course and must be submitted NLT 45 days before class start date. Although the DA Form 3838 does not call for it, please list your fax number in Section 24 'Local Approving Authority". To be eligible for the course, applicants are required to have a "Secret" security clearance. POC at AN Branch is MAJ Gary Lang at DSN 221-3693.

FY 2002 White House Fellowship

The purpose of the White House Fellowship is to provide gifted and highly motivated young Americans first hand experience in the process of governing the nation and a sense of personal involvement in the leadership of society. The President's Commission on White House Fellows selects exceptionally promising individuals from all sectors of American life to serve as White House Fellows. Fellows write speeches, help review and draft proposed legislation, answer congressional inquiries, chair meetings, conduct briefings, and otherwise assist high-level government officials. Fellows are assigned to work with senior White House officials, cabinet secretaries, or other deputies. In the past, fellows have worked for the Vice-President, The White House Chief of Staff, and the National Security Council. **Deadline for application to Army Nurse Corps Branch, PERSCOM is 7 September 2001**

The White House Fellowship is a highly competitive process. AMEDD officers must meet the following criteria: have received permission to compete from their Personnel Management Officer (PMO) at AN Branch; US citizen; less than 5 years and not more than 17 years active federal commissioned service (AFCS) at the beginning of the fellowship in September 2002; not competing for any other Army sponsored program, fellowship or scholarship; be able to complete a full fellowship and 2 years follow-on assignment; have no adverse actions pending, meet Army height/weight and PT requirements; be PCS vulnerable; have completed the Officer Advanced Course; have a graduate degree; not completing a utilization tour for civilian education (if the officer is completing a utilization tour must complete prior to the start of the fellowship). Officers must have an outstanding record of performance.

Application Packet: DUE IN AN BRANCH NLT **7 September 2001**

1. Completed DA 4187 (Personnel Action) through the local chain of command to AN Branch, PERSCOM. The form must include endorsement by the officer's chain of command. Verification of height/weight/APFT MUST be addressed in a separate memo signed by the officer's Commander. Mail application to: CDR, PERSCOM, ATTN: TAPC-OPH-AN (room 9N47) ATTN: MAJ lang, 200 Stovall ST., Alexandria, VA 22332-0417
2. Current curriculum vitae (CV)
3. Letter of recommendation from Chief Nurse
4. Signed ORB (obtain from your local PAC, review, then forward with your packet)
5. Officers applying must have a current digital photo and college transcripts on file at AN Branch.

Contact MAJ Gary Lang at (703) 325-2397 / 3693 or email langg@hoffman.army.mil for assistance regarding fellowships.

FY 2002 CONGRESSIONAL FELLOWSHIP

The U.S. Army Congressional Fellowship program is designed to provide congressional training to top Army officers beginning August 2002 through December 2003. Fellows typically serve as staff assistants to members of Congress and are given responsibilities for drafting legislation, arranging congressional hearings, writing speeches and floor statements, and briefing members for committee deliberations and floor debate. **Deadline for application to Army Nurse Corps Branch, PERSCOM is 7 September 2001.**

Eligibility: Request and receive permission to compete from officer's Personnel Management Officer (PMO); have accrued active federal commissioned service of not more than 17 years as of 1 January 2002; not be competing for any other Army sponsored

program, fellowship or scholarship while competing for the fellowship; have no adverse actions pending; must not be serving in or owe a utilization assignment; meet army height/weight/APFT requirements; have potential for future military service; meet the two-year time on station requirement at the start of the fellowship; be a CSC graduate (resident/non-resident); hold the rank of MAJ or LTC. MAJ Gary Lang is the POC for this fellowship.

Application Packet: (DUE TO AN BRANCH NLT **7 SEPTEMBER 2001**)

1. Competed DA Form 4187 (Personnel Action). The form must include endorsement by the officer's command and the officer's height/weight/APFT verified by the command annotated in the remarks section. Mail application to CDR, PERSCOM, ATTN: TAPC-OPH-AN, Room 9N47 (MAJ Grimes), 200 Stovall Street, Alexandria VA 22332-0417
2. Current curriculum vitae (CV)
3. Letter of recommendation from Chief Nurse
4. Signed ORB (obtain from your local PAC, review, sign and forward with your packet)
5. Officers applying must have a current digital photo and official college transcript on file at AN Branch.

FY 2002 TRAINING WITH INDUSTRY (TWI) **Applications due: 1 November 2001 (revised date)**

Officers that participate in the Tra ining With Industry Fellowship receive firsthand private sector in either one of two areas: Healthcare Finance Administration (HCFA) or Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Selected officers begin their one year fellowship in the summer of 2002 followed by a utilization tour that is coordinated between the officer and AN Branch.

Following are the two **projected** TWI sites for FY 2002.

Healthcare Finance Administration (HCFA), Baltimore, Maryland
Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Chicago, Illinois

Eligibility: The TWI Fellowship is highly competitive. ANC officers must meet the following criteria: Master's degree; completion of CGSC; at least eight years but not more than 17 years active federal service (AFS); two years time on station at the start of the program or completion of an overseas tour; not competing for any other Army sponsored program, fellowship, or scholarship; be able to complete a full utilization tour following the fellowship; no adverse action pending; meet the Army's height/weight/PT requirements; be PCS vulnerable; and the rank of MAJ or LTC. Officers must have an outstanding performance record.

Contact MAJ Gary Lang for additional information regarding TWI or any other fellowship of interest.

Preparation for TDY Courses

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to pass the course.

Officer Advanced Course

Officers need to have completed OAC before the Major's board. CPT Gahol at AN Branch schedules officers for Phase II of OAC once the officer has completed Phase I. Below is the list of OAC class dates for FY 01&02. **Please note of the date changed in OAC Phase II.** Seats are limited so please plan accordingly.

Class #	Report Date	Start Date	End Date
031	15 Jul 01	16 Jul 01	14 Sep 01
041	30 Sep 01	01 Oct 01	13 Dec 01
012	06 Jan 02	07 Jan 02	15 Mar 02
022	24 Mar 02	25 Mar 02	31 May 02
032	07 Jul 02	08 Jul 02	13 Sep 02
042	22 Sep 02	23 Sep 02	05 Dec 02

Send a copy of DA3838 and OAC Phase 1 Certificate of Completion to CPT Gahol at AN Branch (fax is OK). The chief nurse or designee must sign DA 3838. Officer must not be on temporary profile, have met HT/WT standards and have passed the most recent APFT before attending Phase II. In addition, include the name, e-mail address and telephone number of the MTF's OAC coordinator. The OAC letter will be sent through your facility's OAC coordinator.

OAC Phase II Enrollment Cancellations

Officers wishing to cancel their enrollment from OAC Phase II must submit a letter through their chief nurses or education coordinators NLT 2 weeks before the course starts. Send the letter to CPT Gahol. Please note officers that cancel without adequate notice will be considered "No Shows".

CGSC and CAS3 through the Reserves

Taking **CGSC** and **CAS3** through the **Reserves** has become very popular and classes do fill quickly at the more popular locations and times. Please plan early--send your completed 3838s, signed by your respective chain of command, and fax to **LTC Jane Newman** at **DSN 221-2392**, com. **703-325-2392 (newmanj@hoffman.army.mil)**. The POC for specific ATRRS and class related questions are:

CGSC and CAS3 by Reserves—Ms Jennifer West **DSN 221-3159**

REMINDER: If you are currently enrolled in another service's CGSC or are contemplating signing up for another service's CGSC, please contact your PMO to discuss your plan.

CAS3 Information on Line

Information for the Reserve Component (RC) CAS3 can be found on PERSCOM ON LINE. The web address is WWW-PERSCOM.army.mil. Use the SEARCH option listed in the main menu and type in RC-CAS3, press enter. The information pertains to AD officers attending Reserve Component CAS3. Points of contact (POC) for specific reserve component regions are listed. Ms Jennifer West (DSN 221-3161) is the POC for specific questions relating to CAS3. LTC Newman is the AN Branch POC.

CGSC Information on Line

Information for CGSC and CAS3 can be found on line. The web address is WWW-CGSC.army.mil.
Ms. Jennifer West (DSN 221-3159) is the POC for specific questions relating to CGSC. Please do not attempt to register on-line. Registration for CAS 3 and CGSC must be processed through your respective local training chain of command. LTC Newman is the AN Branch POC.

Generic Course Guarantee

The Generic Course Guarantee program continues to be a great success and thanks to all of the folks who assist officers in identifying and specifying a desired course. Specification of a course must take place within a year of the officer coming on active duty. Officers who enter active duty with no prior nursing experience must have a minimum of one-year nursing experience before attending an AOC producing course. Officers who have prior nursing experience must have at least six months Army Nursing experience before attending a course. Officers must have at least one year remaining on active duty at the completion of a course. The courses available for attendance through the Generic Course Guarantee program are Critical Care, Psychiatric-Mental Health, OB-GYN, and the Perioperative Nursing Course. Officers who desire to attend the Emergency Nursing course (M5) or Community Health Nursing course must decline their Generic Course Guarantee.

AOC/ASI Producing Courses

Critical Care Course and Emergency Nursing Course Manager: LTC Hough at houghc@hoffman.army.mil
Perioperative Nursing Course Manager: LTC Newman at newmanj@hoffman.army.mil.
Community Health, Psychiatric-Mental Health, and OB-GYN Nursing Course Manager: LTC Ross at rossa@hoffman.army.mil

Please note FY02 AOC/ASI Course dates:

AOC/ASI COURSE	LOCATION	REPORT DATE	START DATE	END DATE	APPLY BY
Critical Care Nursing	BAMC	26 AUG 01	27 AUG 01	21 DEC 01	**SEATS STILL AVAILABLE*
	BAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	BAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
	MAMC	26 AUG 01	27AUG 01	21 DEC 01	**SEATS STILL AVAILABLE*
	MAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	MAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
	WRAMC	26 AUG 01	27 AUG 01	21 DEC 01	**SEATS STILL AVAILABLE*
	WRAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	WRAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
Emergency Nursing	BAMC	26 AUG 01	27 AUG 01	21 DEC 01	~~19 MAR 01~~
	BAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	BAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
Psychiatric Nursing	WRAMC	26 AUG 01	27 AUG 01	20 DEC 01	~~25 APR 01~~
	WRAMC	06 JAN 02	07 JAN 02	26 APR 02	06 SEP 01
	WRAMC	19 MAY 02	20 MAY 02	10 SEP 02	19 JAN 02

OB/GYN Nursing	TAMC	26 AUG 01	27 AUG 01	20 DEC 01	~~19 MAR 01~~
	TAMC	24 FEB 02	25 FEB 02	14 JUN 02	24 SEP 01
	TAMC	07 JUL 02	08 JUL 02	29 OCT 02	07 FEB 02
Perioperative Nursing	MAMC	14 OCT 01	15 OCT 01	22 FEB 02	~~04 JUN 01~~
	MAMC	17 MAR 02	18 MAR 02	10 JUL 02	12 OCT 01
	MAMC	28 JUL 02	29 JUL 02	20 NOV 02	15 FEB 02
	WBAMC	15 JUL 01	16 JUL 01	2 NOV 01	~~19 MAR 01~~
	WBAMC	25 NOV 01	26 NOV 01	29 MAR 02	~~25 JUN 01~~
	WBAMC	21 APR 02	22 APR 02	09 AUG 02	19 NOV 01
	WBAMC	02 SEP 02	03 SEP 02	20 DEC 02	08 APR 02
	BAMC	26 AUG 01	27 AUG 01	20 DEC 01	~~19 MAR 01~~
	BAMC	27 JAN 02	28 JAN 02	17 MAY 02	31 AUG 01
	BAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02

AUG 01 Critical Care Course

We still have seats available in the August 01 Critical Care course (WRAMC, BAMC and MAMC). There is one seat left in the WRAMC course, 5 seats in the BAMC course and 8 seats in the MAMC course. If you are interested in being considered for attendance in this course, please communicate this through your chain of command. The deadline for applications to AN branch is 22 Jun 01. For more information contact LTC Charly Hough at DSN 221-2330 or COMM 703-325-2330.

***REMINDER*:** Officers who are applying for specialty courses need to be aware that there are several factors that are closely evaluated when making the course selections. Officer qualifications, MTF needs, fiscal constraints and personal assignment preferences are a few of the important factors that are thoughtfully considered. Officers should be aware that any time they are coming out of a school, (i.e. AOC courses and LTHET) the priority for the follow on assignment is the "utilization tour" while meeting the needs of the MTFs. This is why officers attending AOC producing courses are generally assigned to medical centers or large, busy MEDDACs as their follow on assignment.

Naturally, it is always our goal to match up personal preferences, however, sometimes that is not always possible. Therefore, if you are applying for a course you must be prepared to accept the follow on assignment as a condition of your acceptance to the course. Preference statements are part of the application process. Be sure that you state any special considerations that you would like us to be aware of when making your assignment. Once the assignments are made it is very difficult to change them.

Assignment Opportunities for 66H Lieutenants

Assignment opportunities GALORE! are available for 66H Lieutenants with at least 2 years Time on Station (TOS), meet HT/WT/APFT standards, willing to PCS and chain of command approval. There are openings for 66H LT's in CONUS MEDCENs and MEDDAC's as well as TO&E assignments at FT Bragg and FT Polk. Don't miss out on your opportunity to experience new challenges! First come first served. Please contact LTC Charly Hough, PMO for 66H LT's and new accessions, email **houghc@hoffman.army.mil** if you are interested. There are also TO&E opportunities available.

Assignment Opportunities for Captains

There are great assignment opportunities for Company Grade Army Nurse Corps officers!

We've pretty much wrapped up the summer 2001 assignments at this point. We are looking now at those officers moving in our winter cycle (1 October 01 to 31 Mar 02). There are some exciting new opportunities for motivated Army Nurse Corps Captains!! If TO&E is an interest, we are actively filling some brand new positions. Captains can go where no nurse has gone before! Please contact MAJ Greta Krapohl STAT if interested. (703) 325-2399.

The winter 02 PCS cycle has been sent out to the Chief Nurses identifying officers vulnerable to move. Officers should be receiving notification soon! If you think you should be on the list and were overlooked, or if you have at least two years time on station and would like to be considered for a winter 02 move, please contact your Chief Nurse immediately so that we can begin planning your next assignment.

Winter 02 assignment opportunities include (but are not limited to): Positions at the 121st General Hospital in Korea; two 66H 8A positions at Darnall Army Hospital at Fort Hood, TX; one 66H at Ft. Wainwright, Alaska; one 66H 8A and one 66H M5 at WOMACK, Ft. Bragg; three 66H and one 66H 8A at the 28th CSH, Ft. Bragg; and numerous positions at William Beaumont Army Medical Center, Ft. Bliss, TX, Dwight David Eisenhower Army Medical Center, Ft. Gordon, GA, Madigan Army Medical Center, Ft. Lewis, WA, Tripler Army Medical Center, Hawaii, and Germany. If you are interested and meet the criteria for a PCS, don't wait, talk with your Chief Nurse and please email MAJ Greta Krapohl at **krapohlg@hoffman.army.mil**

DEPLOYMENT OPPORTUNITIES CONTINUE!!! Several TO&E units are on the screen for deployment in FY 02. If you are looking for an assignment with a mobile field unit, contact MAJ Krapohl for more information at **krapohlg@hoffman.army.mil**

ROTC/USAREC NOMINATIONS

It is time once again to begin the selection for ROTC nurse counselor positions and positions in USAREC. These are "nominative" assignments and interested officers should notify their chain of command if they are interested in competing for these positions. Selection is made via a "board" process. Eligible officers **MUST** have completed the Officer Advanced Course, be in the grade of Captain, exhibit exemplary military appearance and bearing, demonstrate a solid record of performance while meeting Army height, weight and physical fitness standards. If you fit this bill, and will have at a minimum of 2 years time on station beginning April 2002, please contact your Chief Nurse for a recommendation. Chief Nurse recommendations are due to AN Branch by 30 August 2001. Recommendations can be sent via email to Maj. Greta Krapohl at **krapohlg@hoffman.army.mil**

See you around the Corps….

Good-byes have got to be one of my least favorite things… so instead I will just say… "see you around the Corps". I do want to thank all of the wonderful officers out there who have made my time here at AN Branch so interesting and exciting. It is comforting to know you all are out there doing such great things and I look forward to working with you again. In this assignment I have had the opportunity to see the "big picture", while getting "in the weeds" on particular issues. Thank you, thank you, thank you Chief Nurses, Deputy Commanders and Commanders for your patience and mentorship. I think I finally have a handle on the art of negotiation. I have really enjoyed working with all of you and I wish you all the best in your future assignments.

Major Christine Merna

66F/66E Assignment Opportunities

Assignment opportunities are available for 66Fs this summer at Ft. Irwin, Ft. Huachuca, and Ft. Bliss. There will be a TO&E position at the 115th Field Hospital opening in the spring of 2002. For these and other opportunities please inquire to LTC Newman, **newmanj@hoffman.army.mil**.

Smart Tips from the FRO

By CPT Bob Gahol

Army Knowledge Online (AKO) is rapidly moving to become the central repository for Army Web Sites and access to secured information. As part of the Army Transformation, the personnel community is moving rapidly toward streamlining its systems and giving soldiers access to their military personnel information on-line. PERSCOM is currently using AKO for Career Field Designation (CFD) and Command preference statements submission via the web. In the very near future, you will no longer have to send away for a copy of your fiche, you will be able to view your file to include your photo on-line. Eventually you will be able to view and possibly update some of your personnel data through the web. We are strongly encouraging all officers to sign up for an AKO account. With this you receive an e-mail address that will follow you throughout your career, eliminating the every 2-3 year updates and ensuring you receive the latest information from your assignment branch. If you have an account and do not know your password, you can call the toll free number on the AKO WebPages to receive it. The AKO web address is www.us.army.mil.

Once you establish your AKO e-mail account, you may forward your AKO e-mail messages to your current work or personal e-mail address. The instructions are as follows:

Go to http://www.us.army.mil (AKO Portal)
Log on to Webmail
Go to "Options"
Go to "Settings"
Go to "Mail Forwarding"
Then go to "change personal info" page

Complete the "change personal info" page, and submit the form at the bottom of the page when you are finished. "**Registration E-mail Address"** will be used to contact you for lost password or other administrative purposes. Ensure that you can be reached at this address. **"Forwarding E-mail Address"** will be used to forward your AKO e-mail messages. You may enter several e-mail addresses in the box.

ASI AND FORCE STRUCTURE
COL Clara Huff

If you've been reading the Army Nurse Corps Newsletter you're probably familiar with AN Branch's current efforts to clean up the officer records and remove Additional Skill Identifiers (ASIs) and Area of Concentration (AOC) data for individuals who have not worked in that specialty for the past five years. And, if you are like many of our officers, you're probably wondering why this is important to anyone other than those making your assignment. I want to cover this issue from a force structure perspective and discuss how I use ASI/AOC data.

As the AN Staff Officer in AMEDD Personnel Proponency, one of my responsibilities is to determine how many people we need to train in our various specialties to maintain a viable corps and to convey that input to AN Branch personnel and to our training personnel. To do that, I assess current inventory for all specialties, track how many stay on each year for each specialty and how many leave the Army (continuation and retention rates), monitor promotion rates for each AOC/ASI, and create force models that help us in our decision-making regarding corps structure. When I look at the databases used by Army Manpower personnel, it is difficult to assess the functional area in which an officer is working. The current databases allow individuals to carry more than one AOC and accumulate up to four or five ASIs. In reality, officers do not always continue to remain proficient in every AOC or ASI they obtain. At various points in their careers, they move into other areas or revert to the more traditional medical-surgical career path. The current systems, however, do not automatically delete the previous data to reflect current proficiency. Thus, personnel show up as being part of the working inventory for the various specialties when, in reality, they really need to be discounted for us to assess what we really have available to do AOC or ASI specific work.

For example, if I were to look at a current database, I would probably find over 200 individuals with an OB/GYN or midwifery ASI (8D & 8G). Since our current force structure calls for 200 nurses in the OB/midwifery specialties, the database would suggest that we have enough folks to meet our needs. That, in turn, implies that we are training enough folks, they are staying around in sufficient numbers, and we don't have any shortage. However, from a purely functional and planning perspective, we only have about 150 folks who are working and/or proficient in these two areas (according to AN Branch). As long as the database contains non-relevant data, it skews our ability to truly assess how we are doing. Thus, the reality of our OB/GYN specialty indicates that we need to train more folks to maintain our functioning inventory. Analysis of current data indicates that OB/GYN nurses don't remain totally within the OB/GYN arena for a 20-30 year career the way that some specialties do; and nurses move out of the clinically based OB/GYN role as they become more senior and don't return to that working specialty.

Because of the presence of this non-relevant data in the Military Occupational Data System (MODS), the official military record file, the data system usually overstates the status of many of our nurse AOCs. Additionally, because many officers have multiple ASIs, it is impossible to sort which ones are applicable and current. Thus, the only way to get a true picture is to have the folks at AN Branch do "by name" scrubs of records. This is a time-consuming process and detracts from their ability to complete their other responsibilities. The obvious "fix" is to clean up the database of all non-relevant data so all parties access the same "clean" data. That way all AN staff officers can provide BG Bester with consistent, relevant data with a minimum of extra effort. With access to a "clean" database, I can look at where we have current or future shortages and make suggestions regarding increased training requirements for our AOC producing courses. Additionally, we can evaluate whether or not we need to give USAREC a mission for specific AOCs/ASIs based on our ability as a corps to attain the numbers we need. Next year, once the ASIs of 8E, 8F, and 8G (FNP, Community Health, and OB/GYN) are changed to the personnel AOCs of 66B, 66G, and 66P, we will be better able to track our officers and monitor the impact of promotions, LTHET, losses, and gains on our end strength. Everyone benefits—AN Branch, DA/OTSG/MEDCOM personnel involved in policy-making, and the individual AN officers.

RESEARCH UPDATE:
LTC Stacey Young-McCaughan

"Exercise Rehabilitation in Patients with Cancer"

In the United States today, 8.2 million people have a history of cancer. While the majority of these people are survivors, many of these people are living with the disease. Medical care for persons with cancer has concentrated almost exclusively on diagnosis and treatment until recently, when rehabilitation and health promotion have also been recognized as essential components of care. In the active duty military force, an estimated 11,000 soldiers are diagnosed and treated for cancer each year. Many of these soldiers return to active duty following their cancer treatment. Currently, little guidance is available for the soldiers, their physicians and nurses, or their commanders as to when these soldiers can safely resume physical training and be expected to comply with weight and physical fitness training standards.

As part of two research studies funded by the TriService Nursing Research Program investigating the ability of an exercise intervention program to positively influence selected physiological and psychological parameters of health in patients with cancer, a multi-disciplinary team of nurses, physicians, exercise physiologists, physical therapists, and health educators* at Brooke Army Medical Center (BAMC) have initiated an exercise rehabilitation program for patients with cancer based upon the Phase II Cardiac Rehabilitation Program currently available at BAMC for patients with cardiac disease.

In the first study, 62 subjects were enrolled in the 12-week exercise program. Half of the participants have been male (n = 31, 50%) and half female (n = 31, 50%). They were predominantly Caucasian (n = 44, 71%), married (n = 53, 86%), and well-educated, with almost three-quarters of the sample (n = 45, 73%) having college preparation. Ages of participants ranged from 24 to 83 (mean = 59, SD = 13). Half of the participants were retired (n = 32, 52%). However, more than a third of the participants were still working, 14 full time (23%) and 8 part time (13%). Seven active duty soldiers were enrolled in the study. Participants have a wide range of cancer diagnoses including breast, prostate, ovarian, colorectal, endometrial, cervical, renal, lymphoma, skin, lung, testicular , bladder, bone, Hodgkin's Disease, leukemia, and sarcoma. Most of the subjects had early stage I or II disease (n = 43, 69%). Subjects received all types of primary cancer treatments including surgery (n = 51, 82%), chemotherapy (n = 26, 42%), radiation therapy (n = 24, 39%), and immunotherapy (n = 3, 5%). More than half of subjects exercised prior to their cancer diagnosis (n = 37, 60%), however fewer than half of these patients were able to resume an exercise routine following their cancer diagnosis (n = 15, 41%). Subjects enrolled in the study knowing that they were expected to exercise at the Cardiopulmonary Rehabilitation Clinic two days per week and at home three to five days per week. This seemed an ambitious target for patients with cancer, but the study protocol was written based upon the Cardiac Rehabilitation model. Amazingly, subjects who have completed the study have recorded exercising two to three days per week at home in addition to the classes attended in the Cardiopulmonary Rehabilitation Clinic. After participating in the 12-week program, the subjects did better on their graded exercise test and improved their quality of life scores. The data are still being analyzed and so we do not know if these improvements were statistically significant or not, yet. The men and women who participated in the program think that they feel significantly better! Below are three of their stories, in their own words.

"I am an active duty Staff Sergeant. After my treatment for cancer I was concerned about my ability to pass the APFT testing. At the recommendation of my physician I was enrolled in the Exercise Intervention Study, which provided me a program to rebuild my stamina, the supervision to exercise safely, and the confidence to exercise without fear of violating my profile. A couple months after enrolling in the program, I participated in a local "Run 4 Life" 5 km race with another active duty soldier enrolled in the program. I greatly benefited from the program, currently I have the endurance to run for approximately 70 minutes at a minimal pace without stopping and my APFT scores has increased by 20% compared to what I was scoring before the surgery, all of this is due to the my involvement in the study."

"I am a 61 year old woman who had surgery for stage 1 ovarian cancer. Two months after surgery I started the exercise program and feel it was the best thing I could have done. My cancer was a slow growing one that had, over the past couple of years, been draining the energy from me and was causing me to be depressed because I was accomplishing very little of what I wanted to do. Since taking part in this study, my blood pressure has become much more stable, I am sleeping a lot better at night and not napping during the day, and I am gaining energy. And, most important to me I no longer feel depressed. I had never been much of an exerciser and if I had been trying it on my own, I would not have continued. I would have stopped at the halfway point on the treadmill because it was becoming tiring without ever realizing that just past that point comes a wonderful, overall great feeling. I now know that exercise is something I can't do without and will continue to incorporate in my life."

"I was in the latter stages of chemotherapy and radiation treatments for lung cancer when approached to join the Exercise Intervention study. At that time, I would often have to stop and rest while walking from the parking lot to the hospital for treatments, partly because the treatments were kicking my butt and partly because I was in poor physical condition. When I went to BAMC for my initial exercise interview I remember that I couldn't even make it up one flight of stairs. At my first exercise session I found other people in the same condition as me, some younger, some older but all with cancer in one form or another. Gradually, through the supervised exercises twice a week in the hospital plus "homework," I was able to improve to the point where I could spend 15, then 25, then 35 and finally 45 minutes on the treadmill. I could not believe how well I was feeling at the end of my active participation in the study. I felt like a totally different person. I wasn't afraid to try anything. I even did a 5 km organized walk, which I never would have tried without the conditioning this program provided. I don't get as tired as I used to and I sleep 100% better than I have in years. My cancer is in remission. I am living a full and active life; I do my exercises and look forward to the future. I owe a large debt to the people who have treated me; the doctors, the specialists, and the people involved with the exercise intervention program."

The second study, currently underway at BAMC, is following patients treated with cancer for 18 months after participating in the exercise program and comparing their exercise tolerance, quality of life, and sleep/wake cycles to a group of patients who do not participate in the program.

Nursing Implications: If your patients ask about exercising after they have been diagnosed with cancer, you can encourage them that exercising can be beneficial in their recovery. Patients should be medically cleared for exercise by their physician and they might want to consult with a physical therapist or exercise physiologist for an exercise training plan appropriate to their physical condition. Patients should be advised to avoid exercise for 24 hours after vomiting or experiencing severe diarrhea; if their temperature is greater than 101º F; or if acute nausea, difficulty breathing, chest pain, or unusual muscular weakness is experienced during exercise.

While the benefits of aerobic exercise in both the general population and chronically ill populations have been well-described, aerobic exercise for patients with cancer are just beginning to be realized, through clinical nursing research like these studies at BAMC.

* LTC Stacey Young-McCaughan, RN, PhD, AOCN; Stacey Dramiga, MA; COL Robert Sheffler, MD; MAJ Kenneth Leclerc, MD; LTC Darlene Gilcreast RN, PhD, CDE, CCRN; Sonya Huizar, BS; Marilyn Nowlin, RN, BS, BSN; Mary Mays, PhD; Sandra E. Terrazzino, RN, MSN, AOCN; John Caton, Jr, MD; COL Linda Yoder, RN, MBA, PhD, AOCN; LTC Kathryn Gaylord, RN, CA, MSN; Deborah Y. Grubbs, RN, MSN; Jimmy Danny Henry LMSW-ACP, ACSW; Stephanie Payne, LMSW-ACP, ACSW; CPT Reva Rogers; Father James E. Schellenberg; and Raquel M. Schneider, MPT.

PSYCHIATRIC NURSE CONSULTANT
LTC Dorothy Anderson

"Psychiatric Nurses Work to Fully Equip Soldiers for Battle"

The positive influence of Psychiatric Nurses is felt throughout the Army Healthcare System. Psychiatric Nurses (BSN) care for active duty soldiers and their family members on inpatient psychiatric wards. Psychiatric Clinical Nurse Specialists (MSN) take care of active duty soldiers, family members and retirees in the outpatient clinic. Psychiatric Clinical Nurse Specialists also work with other members of the mental healthcare team to provide education on mental health to soldiers in garrison. They deploy with soldiers to provide mental health care, to decrease stress and to facilitate their rapid return to fight and defend the country.

The ability of the Army to fight and defend our country is inextricably tied to soldiers. More specifically, the defense of this country rests on the availability of soldiers and their ability to wage war. Soldiers must wage war as well as cope with the stress inherent in war. The valiant men and women who are soldiers in the United States Army are appropriately called "the fighting strength."

The fighting strength is the number of soldiers available to the command and the commander to accomplish the war mission. The commander needs soldiers available to plan and execute battle strategy. However, the physical availability of soldiers is not enough. Soldiers have to be physically, mentally, emotional and spiritually available for battle.

The availability of soldiers can be affected by a number of things. Some examples include recruitment, retention, training, preparation, illness and an inability to cope with personal issues and physical injuries both at home and on the battlefield.

Injuries may be divided into non-battle and battle injuries. Non-battle injuries can occur in peace or in war from causes other than hostile acts by an identified foe. Battle injuries occur during direct or indirect engagement with the enemy. Both non-battle and battle injuries impact the available fighting strength. Non-battle injuries such as stress-related illness/self inflicted injury, motor vehicle accidents, drowning and injuries from physical altercations. Non-battle injuries affect the available fighting strength prior to and after engaging the enemy.

Non-battle injuries affect the soldier's ability to train for war, to mobilize for war and affect the command's ability to effectively engage the enemy. Historically, according to FM8-10-Chapter 1, non-battle injuries have been responsible for more lost foxhole days than battle injuries. According to FM22-51-Chapter 1, in the WWII Mediterranean and European Theatres, the average incidence of combat stress casualties to those wounded in action (WIA) was 1:4. During more intense and prolonged fighting, the incidence rose to 1:2. During WWII the 6th Marine Division in the Battle of Okinawa experienced a 1:2 ratio of combat stress casualties to those wounded in action.

In the Yom Kippur War (1973), one Israeli armored battalion trapped in a desperate night action had 30 WIA and 30 combat stress casualties – a 1:1 ratio. In Vietnam, the combat stress casualty rate was approximately 1:10 to those WIA. The reduction in combat stress casualties was due to capitalizing on lessons learned and the sporadic nature of the fighting in Vietnam. The Army's past experiences in war point to the fact that non-battle injuries can be significantly reduced if soldiers have good coping skills and the ability to manage life stress and battle stress. Based on that experience, an inordinate amount of energy has been exerted to ensure that soldiers are equipped with the mental weapons to cope with and overcome stress. The Army appreciates that soldiers must be fully equipped to wage war and to cope with post deployment sequelae. More importantly, we now understand that mental and emotional training like physical training must be conducted prior to, during and post deployment.

The job of ensuring that soldiers are equipped emotionally prior to and during mobilization belongs largely to the Combat Stress Control Detachments (CSC). Combat Stress Detachments are located in the Active Army and the Reserve Component. There are currently five CSC Detachments: 83rd Medical Detachment (Med Det) CSC, FT Campbell, KY; 85th Med Det CSC, FT Hood, TX; 98th Med Det CSC, FT Lewis, Tacoma Washington; 528th Med Det CSC, FT Bragg, NC and 254th Med Det CSC, Miseau, Germany. There are four CSC companies and six CSC Detachments in the Reserve Component. Nurses in the CSCs work with commanders and soldiers by providing training on mental and stress related issues. They serve as consultants as well as educators.

Psychiatric Nurses play a key role in each combat stress unit. Psychiatric Clinical Nurse Specialists command three of the five CSCs in the Active Army. The 83rd CSC Det is currently serving in Kosovo. LTC E. Mattern commands that unit. LTC Mattern, who led his team into Kosovo two rotations back is now helping to train the 10th Mountain Division for the next Kosovo rotation. MAJ Torres commands the 528th and led his team in Bosnia on their last rotation. He is currently conducting a very ambitious Train-the-Trainer CSC Liaison Program with 3rd Infantry Division NCOs in Bosnia. Topics of training include coping with peacekeeping, combat stress, suicide awareness and misconduct. LTC J. Hohner commands the 85th CSC.

The job of Psychiatric Nurses in equipping soldiers for battle at home and abroad is one that they take seriously. Psychiatric Nurses recognize that they are part of a team of care providers, both Active and Reserve, who also take their jobs seriously. Together we give meaning to the "Army of One" as we train together and deploy together to fully equip soldiers for battle.

NURSING QUALITY MANAGEMENT CONSULTANT
COL Judy L. Powers

"The Joint Commission (JC) Patient Safety Standards"

Since the November 1999 release of the Institute of Medicine (IOM) Report, *"To Err is Human, Building a Safer Health System"*, professional and lay media have given unprecedented coverage to the importance of healthcare organizations (HCO's) identifying and implementing effective strategies to reduce patient harm. Since 1995, the JC has been a national leader in this effort when they implemented a formal Sentinel Event (SE) policy. In addition, in 2000 the JC changed their Mission Statement to read "To continuously improve the *safety* and quality of care provided to the public"; and effective 1 July '01, the JC will require HCO's to be in compliance with their Patient Safety (PS) Standards.

According to JC President, Dr. Dennis O'Leary, more that 50% of the standards throughout all accreditation manuals are directly related to patient safety. Although many of the PS standards are not new to HCO's, Dr. O'Leary states "Health care executive, physician, and nursing leaders must radically change their thinking about medical mistakes." We need to create a culture of safety in hospitals and other healthcare organizations, in which errors are openly discussed and studied so that solutions can be found and put in place. These new standards are intended to do just that".

Standards addressing PS issues that have been in effect since the inception of the JC SE policy will not be "capped". This means HCO's must be in full compliance with the standards and intent statements. If they are not in compliance they will receive a Type I recommendation in the appropriate grid element. The PS standards that fall into this category include: LD.1.4; LD.1.8; LD.3.2; LD.3.4;LD.5.1; PI.2; PI.3; PI.4.3; PI.4.4; IM.1; IM.5-.5.1; IM.7.2; IM.8; IM.9; PF.1.3-1.5; CC.4-.5.

The PS Standards that may have the most significant impact on organizational compliance requires HCO leaders to facilitate a "culture of safety". Leaders must foster an environment of recognition and acknowledgment of risks to patient safety and medical/health errors; the initiation of actions to reduce these risks; the internal reporting of what has been found and the actions taken; a focus on processes and systems; and minimization of individual blame or retribution. The environment must encourage organizational learning about errors and support the sharing of that knowledge to effect behavioral changes to improve patient safety.

Leadership (LD) and Improving Organizational Performance (PI) standards that address the issues of staff reporting and minimizing "individual blame" related to medical/health care errors include:

Standard LD.5.2: Leaders ensure that an ongoing, proactive program for identifying risks to patient safety and reducing errors is defined and implemented. Inclusive in this approach is the identification of high-risk organizational patient safety issues ane the monitoring, analysis and improvement of processes related to identified safety issues. **Intent**: The organization seeks to reduce the risk of sentinel events and medical/health care system error-related occurrences by conducting its own proactive risk assessment activities and by using available information about sentinel events known to occur in health care organizations. This effort is undertaken so that processes, functions and services can be designed or redesigned to prevent such occurrences in our facilities. Proactive identification and management of potential risks to patient safety have the obvious advantage of preventing adverse occurrences, rather than simply reacting when they occur. This approach also avoids the barriers to understanding created by the fear of disclosure, embarrassment, blame, and punishment that can arise in the wake of an actual event.

Standard LD.5.3: The focus of the PS standards related to reporting is on identification of processes and systems that will lead to improvement in patient safety - rather than blaming individuals for inadvertent errors and negative occurrences. While several of the new standards related to PS deal with data collection and analysis, **IOP Standard PI.3.1** specifically addresses staff's willingness to report errors. The focus of this standard is to *increase reporting*, allowing for a more accurate safety incident database leading to improvements in trending and analysis of patient safety issues. To assure compliance with LD.5.2 and PI.3.1 staff opinions regarding reporting must be solicited.

Patient Rights (RI) Standard that may prove to be the most challenging to HCO's is **Standard RI.1.2.2:** Patients and, when appropriate, their families are informed about the outcomes of care, including unanticipated outcomes. **Intent**: The responsible licensed independent practitioner, or his/her designee clearly explains the outcome of any treatments or procedures to the patient and, when appropriate, the family, whenever those outcomes differ significantly from the anticipated outcomes.

Human Resource (HR) Standards that are impacted by the PS standards address the orientation process and ongoing personnel education and training:

Standard HR.4: An orientation process provides initial job training and information and assesses the staff's ability to fulfill specified responsibilities. **Intent**: The orientation process emphasizes specific job-related aspects of patient safety.

Standard HR.4.2: Ongoing inservice and other education and training maintain and improve staff competence and support an interdisciplinary approach to patient care. **Intent**: Ongoing inservice and other education and training programs emphasize specific job-related aspects of patient safety. As appropriate, this training incorporates methods of team

training to foster an interdisciplinary, collaborative approach to the delivery of patient care. The orientation program also reinforces the need to and the HCO's process for reporting medical/health care errors.

Information Management (IM) standards that are impacted by the PS standards include those addressing the orientation process and ongoing personnel education and training. **Standard IM.1:** A comprehensive needs assessment considers the following question, as appropriate: What are the barriers to effective communication among caregivers? While the IM.5 and .5.1 standards are not new, in light of the PS standards, organizations are required to consider barriers to effective communication among caregivers (which can lead to medical/health care errors) and to utilize written and verbal communication in an accurate, timely manner (which will help to prevent communication related medical/health care errors).

So what can you do to facilitate the successful implementation and MTF compliance with the JC Patient Safety Standards?

No matter what position or level in the organization assigned, each and every staff member can:

a. Champion PS as a top organization or unit/clinic priority;
b. Foster a culture of safety by reporting all near miss and/or actual medical errors;
c. Encourage all patients/family members to immediately notify staff of any patient safety concerns they identify or experience;
d. Review the JC SE Alerts to increase your knowledge about potential harm related to nationally reported SE's & contributing causes; and
e. Share and implement strategies to prevent occurrence in your MTF.

A **Power Point Briefing** on the JC 2001 PS Standards is available for MTF use on the Patient Safety Web Page at http://www.cs.amedd.army.mil/qmo .

Questions and/or clarifications related to the JC PS Standards are welcome. Please don't hesitate to contact COL Judy L. Powers, MEDCOM Patient Safety Program Manager at DSN 471-6622; CIV 210-221-6622 or email: judith.powers@amedd.army.mil . And, remember let's **…..**

"Make the Safest Way the Best Way"!

COL Carol Reineck was featured in the American Organization of Nurse Executives' "Behind the Scenes - Movers and Shakers" column, in Nursing Management, June 2001. An excerpt states, "A 30-year veteran of nursing, Reineck believes that successful health care leaders remain clinically aware, organizationally committed, and assertive at the decision-table - all while recognizing colleague's contributions and using power judiciously."

LTC Lois Borsay (POPM/MEDCOM San Antonio) has been invited by Professional Exchanges International to lead a nurses' exchange tour entitled "Nursing In Eastern Europe Since the Cold War." The group will travel from 2-11 November 2001. Participants will meet with nursing counterparts and nursing association leaders in Prague, Warsaw and Budapest and also have an opportunity to visit historical sites. For further information, contact LTC Borsay at LABorsay@hotmail.com

Opportunity Knocks for Experienced AMEDD Soldiers

With the transition of 91B to 91W and 91C to 91W M6 comes a unique opportunity for active duty and Reserve Component AMEDD soldiers. When the AMEDD Center and School implements the new 91W course, inputs for the early 2001 91W/M6 (91C) classes are anticipated to be lighter than usual. Class 01, beginning on 4 FEB, will receive students from the initial 91W classes which are smaller pilot training classes. AMEDD enlisted personnel may take advantage of this "one time" training seat availability and apply for training. This is an outstanding opportunity for those holding or having previously held 91B (91WY2) MOS to attend a training course that allows a soldier to take a national exam for licensure as a practical nurse (LPN) upon completion.

The course is fifty two weeks in length with the first six weeks at FT Sam Houston. The classes cover anatomy & physiology, microbiology, nutrition, pharmacology math and the role of the M6 in the AMEDD. Phase II for class 01-02, 46 weeks, will be conducted at DDEAMC or MAMC. It includes 700 hours of didactic instruction in nursing fundamentals, documentation, pharmacology and an in-depth study of the cardiovascular, respiratory, musculoskeletal, GI/GU and reproductive body systems and associated disease processes. Over 900 hours of training are spent in the clinical arena and include medical-surgical, pediatrics, obstetrics, mental health, ICU and ER rotations. As well, a field-nursing component is included in order to apply the skills to the TOE environment. It is recommended that you contact the 91C Branch NCOIC, DSN 471-8454, to determine at which site you may be assigned before making arrangements to move household goods and/or family.

The role of the M6/LPN is an essential component of military healthcare and also has prominence in the civilian sector. The Practical Nurse Course is an excellent foundation for further study and many graduates have pursued advanced nursing degrees after completing this program. Check with the Hospital Education Department and they will assist in the application process.

Branson Honors the ANC

During the week of November 6-12, Branson, MO, will host its sixty-fifth annual Veterans Homecoming, the largest event in the nation commemorating Veterans Day, with 40,000 veterans, from all eras and all states, coming into Branson. Each year, a special group is "saluted". The Army Nurse Corps has been selected as this year's "honoree". The calendar at www.veteranshomecoming.comshows this year's

events in Branson. The POW Network organization is responsible for the "service" at the 5th Annual Military gala & Banquet on 8 November aboard the showboat *Branson Belle*, and this year plans to remember the Army Nurse Corps and those women who can't join the group at that night's celebration—from all eras, all branches, all organizations, all losses. For more information, visit the web site above. The POC is COL (Ret) Betty Antilla at (301) 926-6857 or call (417)-337-8387.

LTC Laura Rogers won the prestigious Dr. Anita Newcomb McGee Award, which was presented on 19 APR 01 to her by the President General of the National Society of the Daughters of the American Revolution. This award recognizes and exemplifies excellence in professional and military nursing. This award acknowledges outstanding service rendered by a middle-range Army Nurse Corps officer and stimulates competitive excellence among Army Nurses.

MAJ Caterina Lasome, **AN**, doctoral student in informatics at the University of Maryland School of Nursing, was selected to present a paper at the annual American Medical Informatics Association (AMIA) conference in Washington, DC, November 3-7, 2001. The title of her paper is, "Large Public Display Boards: A Case Study of an OR Board and Design Implications." As part of her doctoral studies, MAJ Lasome serves as a Research Assistant to Dr. Yan Xiao, a human factors engineer in the School of Medicine. As part of a National Science Foundation grant evaluating collaboration in highly complex work environments, the research team is investigating how artifacts in collaborative work can inform design; in this case, the design and development of electronic whiteboards in operating room environments. The study setting is the University of Maryland Shock-Trauma unit. The outcomes of this study are intended to serve the following: 1) to inform the design of computer-driven public display boards that capture critical patient care, personnel, and healthcare system data and processes, 2) to inform decision-making in distributed environments, 3) to improve operational efficiency, and 4) to provide error reduction enhancements to technology.

CPT Carlton Brown, AN, Oncology CNS at WRAMC acheived national certificiation as an Advanced Oncology Certified Nurse

The following officers received word that their grants were funded by the TriService Nursing Research Program:

Principal Investigator: **LTC Patricia Patrician**, AN: "Medication Error Reporting and the Work Environment in a Military Setting," $113,838

Principal Investigator: **LTC Patricia Patrician**, AN: "Army Hospitals: Work Environment, Quality of Care and Intent to Leave," $274,799

Principal Investigator: **LTC Deborah Kenney**, AN: " Research Utilization of Registered Nurses in US Army Hospitals," $20,000

Principal Investigator: **CPT Carlton G. Brown**, AN: "Increasing Testicular Self-Examination in AD Soldiers: An Intervention Study," Funding amount pending.

From the U.S. Army Institute of Surgical Research, LTC Thomas Miller

Nesbit M, Schaider H, **Miller TH**, Herlyn M: Low-Level Monocyte Chemoattractant Protein-1 Stimulation of Monocytes Leads to Tumor Formation in Nontumorigenic Melanoma Cells. Journal of Immunology, 2001: 166, 6483-6490.

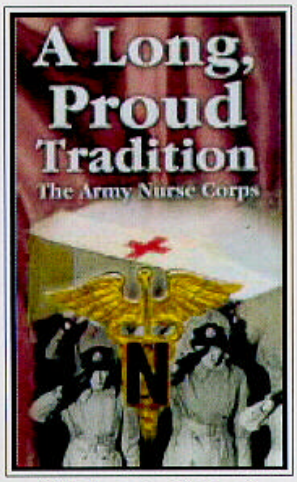
From the Staff at Madigan

"A Model for Self-Directed Learning in a Military Facility," in August 2001 Military Medicine, by **Ms. Carmelito Rivero, LTC Elizabeth A. Mittelstaedt, and LTC Nona Bice-Stephens.**

"Designing a Learning Needs Survey: 10 Steps to Success," in July/August 2001 Journal of Continuing Education in Nursing, by **LTC Nona Bice-Stephens**.

"Where Do You Fit In?" in May 2001 Nursing 2001, by **LTC Nona Bice-Stephens**.

ARMY NURSE CORPS CENTENNIAL COMMEMORATIVE ITEMS



"A Long, Proud Tradition" Video

The Army Nurse Corps 1901-2001

"THE SPIRIT OF NURSING"

Help commemorate 2001 as the Centennial Anniversary of the founding of the Army Nurse Corps with two special items celebrating its service. The figure is a replica of the Spirit of Nursing Memorial honoring the service of military nurses in our nation's history at Arlington National Cemetery. This museum quality, hand-sculpted figure is approximately 200mm scale, of a sturdy artificial stone and finished in a beautiful bronze patina. The other item, "A Long, Proud Tradition: The Army Nurse Corps", is a wonderful TV documentary of the noble sacrifices and courageous contributions made by the nurses of the U.S. Army. This 30 minute film spans the 100 year history of the Army Nurse Corps with a mix of historical photos, live footage, and narration. To order contact the Army Historical Foundation at 1-800-506-2672 or www.ArmyHistoryFnd.org. Proceeds support the Army Nurse Corps Fund.

Yes, please send me the following Nurse Corps items. Make check payable to:
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